



# STATE OF NEW HAMPSHIRE

DEPARTMENT OF ENVIRONMENTAL SERVICES  
UNDERGROUND INJECTION CONTROL PROGRAM  
29 HAZEN DRIVE, PO BOX 95  
CONCORD, NEW HAMPSHIRE 03302-0095  
(603) 271-2858

## HOLDING TANK

## REGISTRATION

## FORM

### Facility Information

Facility Name: \_\_\_\_\_ Type of Facility: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Facility Owner Information

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### Property Owner Information (complete only if different from facility owner)

Owner Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Please describe the wastewater characteristics:

\_\_\_\_\_  
\_\_\_\_\_

Please describe how the contents of the holding tank will be disposed of.

\_\_\_\_\_  
\_\_\_\_\_

Please attach a sketch of the site, showing holding tank location and any other structures on the site. Include a separate locus map or sketch that would allow a person unfamiliar with the site to find it.

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To the best of my knowledge, the information I have provided on this form is true and correct. I will notify DES if I do not act according to the intentions I have stated on this form.

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\_\_\_\_\_  
Signature of Facility Owner

\_\_\_\_\_  
Date Signed